

Provider News & Resources

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Upcoming Holidays:

Labor Day - Monday, September 6 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.



Reminder:

Timely Filing Guidelines

Correspondence, reports, or forms that do not identify the member, service date(s), types of service and billing

provider are not recognized as proof of timely filing compliance.

Prior authorization is not a timely filing waiver. Waiting for prior authorization or correspondence from the Department or the fiscal agent is not an acceptable reason for late filing.

Phone calls and other correspondence are not proof of timely filing. The claim must be submitted, even if the result is a denial.

Refer to the <u>Timely Filing</u> section on the <u>General Provider</u> <u>Information web page</u> for additional information.

Recently Published Billing Manuals

General Provider Information

Visit the <u>Billing Manuals web page</u> to locate all published manuals.



Featured Quick Guide: Provider Maintenance

The Provider Maintenance Quick Guide web page contains a Table of Contents for:

- Adding a Specialty
- Address Changes
- -- Update Address
- -- Update Phone Or Fax Number
- -- Provider Directory Changes

- Updating Bed Counts (Assisted Care Facilities, Hospitals, and Substance Use Disorder Facilities)
- Affiliations
- Updating Malpractice or Liability Insurance
- Updating Disclosure Names
- Check the Status of an Update Request

Visit the Provider Maintenance Quick Guide web page for illustrated step-by-step instructions.

Visit the **Quick Guides** web page to locate all published Provider Web Portal Quick Guides.

Resolved Issues

Resolved 7/16/21

Colorado interChange Update for Practitioner Claims for Listed Physician Administered Drug (PAD) Codes

The Colorado interChange has been updated so that Non-Physician Practitioner providers may be reimbursed for Professional/Professional Crossover claims for the following PAD procedure codes:

These claims were denying for Explanation of Benefits (EOB) 0182 - "Billing Provider Type and/or Specialty is not allowable for the service billed."

Providers may resubmit affected claims that are within timely filing. Issue resolved 7/16/21.

J0202	J0595	J0717
J0897	J1300	J1569
J1599	J1823	J2182
J2916	J3262	J3357
J3489	Q5103	Q5104

Resolved 7/15/21

Telehealth Outpatient Crossover Claims for Procedure Code G2025 Denying for Explanation of Benefits (EOB) 5807

Some outpatient crossover, short-term behavioral health claims for procedure code G2025 for dates of service on or after 1/27/20 were denying for EOB 5807 - "The short-term behavioral health service limit has been met, please submit the service to the member's RAE."

Affected claims will be reprocessed.

Issue resolved 7/15/21.

Resolved 7/7/21

Supply Claims for E2359 Billed with Modifier RB Denying for Explanation of Benefits (EOB) 4211

Some supply claims for procedure code E2359 billed with the RB Modifier for dates of service on or after 10/01/20 were denying for EOB 4211 - "Modifier is invalid for procedure code. Refer to the Provider Manual, Help Screens, CPT or HCPCS listing for valid modifiers."

Affected claims were reprocessed 7/7/21.

Issue resolved 7/7/21.

Hospital Claims with Split Eligibility Interim Solution

Some hospital provider claims where the member is not actively enrolled in an MCO on the from date of service (FDOS) but becomes MCO eligible during the inpatient stay are denying for one of the following:

- EOB 2029 The Services Must Be Billed to The Members RAE.
- EOB 2030 The Services Must Be Billed to Denver Health Medicaid Choice Plan.
- EOB 2031 The Services Must Be Billed to Rocky Mountain Health Plan Prime.
- EOB 2580 The services must be billed to the HMO/PHP/BHO listed on the eligibility inquiry.

As an ongoing, interim solution, affected claims will be reprocessed once a month until a permanent solution is in place.

Issue partially resolved 5/14/21.

This issue has been updated since original publication.

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